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PTO/SB/22 (12-04)  
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|   |            |   |           |
|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | <b>Docket Number (Optional)</b><br>393032029900 |           |
| Application Number 10/032,948   |            | Filed December 26, 2001                         |           |
| For DIGITAL MIXING SYSTEM, ENGINE APPARATUS, CONSOLE APPARATUS, DIGITAL MIXING METHOD, ENGINE APPARATUS CONTROL METHOD, CONSOLE APPARATUS CONTROL METHOD, AND PROGRAMS EXECUTING THESE CONTROL METHODS  |            |   |           |
| Art Unit Andrew Flanders  |            | Examiner 2644                                   |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):         |            |   |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                         |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$        |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225   | \$ 450.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510   | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795   | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080  | \$        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |           |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>44,415</u>   |            |   |           |
| <br>Signature  |            | November 7, 2005<br>Date                        |           |
| David T. Yang<br>Typed or printed name  |            | (213) 892-5587<br>Telephone Number              |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |           |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |   |           |

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